

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

01852

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Green Anne
City or town Stevensville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert Franklin Cook

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Hellie S. Cook

7. Birth date of deceased (mo. day, yr.)

8. (c) If alive, give age years

July 27 - 1865

8. AGE:

Years

Months

Days

If less than one day

80

6

20

hrs. min.

9. Birthplace

Rent In. Q. A. Co. Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

John Cook

12. Name

England

13. Birthplace

Martha (Walker)

14. Maiden name

Green Anne Co. Md.

15. Birthplace

Mrs. Hellie Cook

16. Informant

Stevensville Md.

Address

17. Burial

Date thereof Feb. 18-19 46
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Stevensville Cem.

Location

Stevensville Md.

18. Funeral director

Edgar L. Lane

Address

Church Hill Md.19. Feb. 18 1946
(Date rec'd by registrar)H. C. Thomas
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Green AnneCity or town Stevensville (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 16 1946 at 11:45 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Febr. 16 1946 to Febr. 16 1946and that I last saw him alive on Febr. 16 1946

Immediate cause of death

Coronary occlusionMyocardial degeneration

Due to

Other conditions

Senility

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

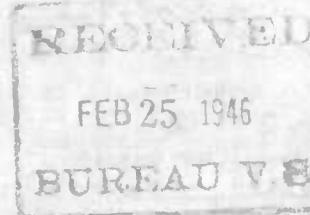
Injured at work?

23. SIGNATURE

Theodor Sattelmayer M.D.
Stevensville M.D.

M. D. or other

Date signed 2/16/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01853

CERTIFICATE OF DEATH

Reg. Distr. No. 254

1. PLACE OF DEATH:

County Queen Anne's
City or town Greenstowm

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Spedden Delabay

3. (b) Social Security Number

None

4. Sex Male 5. Color or race white Widowed

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Roberta Louie Delabay

7. Birth date of deceased (mo., day, yr.) Sept. 2 - 1856

6. (c) If alive, give age years

8. AGE: Years 89 Month 5 Days 22 If less than one day hrs. min.

9. Birthplace Dorset Co. Maryland

(Town, county, and state)

10. Usual occupation Farmer &

11. Industry or business Blacksmith

12. Name Thomas Spedden Delabay

13. Birthplace Dorset Co. Maryland

14. Maiden name Arianna

15. Birthplace Do not know, probly Dorset Co.

16. Informant Mrs. William E. Roe

Address Centreville, Maryland

17. Burial Date thereof Feb 27 - 46

(month) (day) (year)

Cemetery or crematory Centreville

Location Centreville, Maryland

18. Funeral director Baetson Thos

Address Centreville, Md.

19. Feb. 27 1946 Peter M. Gedridge

(Date rec'd by registrar) (Date signed) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Greenstowm

(If outside city or town limits, write RURAL and give nearest town)

Street No. 200

(If rural, give LOCATION)

2.(a) If veteran, name war. War

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24 1946 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-17 1946 to 7-24 1946

and that I last saw him alive on 7-20 1946

Immediate cause of death Chronic Venereal disease in heart

Due to Arteriosclerosis

Due to Chronic nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. J. Matheson

M. D. or other

Address 2/28-46 Date signed

MAR 2 1946

BUREAU V.M.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

01854

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural, 1074 miles
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Country, all his life
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harry Clay Faulkner4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Rue Denney Faulkner7. Birth date of deceased (mo., day, yr.) Nov 20 - 1874 8.(c) If alive, give age 80 years8. AGE: Years 71 Months 2 Days 20 If less than one day hrs. 00 min. 009. Birthplace Queen Anne's Co, Maryland
 (Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Franklin Faulkner13. Birthplace Queen Anne's Co, MD14. Maiden name Emma Baldwin15. Birthplace Queen Anne's Co, MD16. Informant Mrs Harry DenneyAddress 1074 miles, Queen Anne's Co, Maryland17. Burial Date thereof July 12 - 46
 (Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory ChestertieldLocation Centreville, Maryland18. Funeral director Boatton BrosAddress Centreville, Maryland19. 2-12- 19 46 Elin Armstrong
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's

City or town Country, all his life
 (If outside city or town limits, write RURAL and give nearest town)Street No.
 (if rural, give LOCATION)2.(a) If veteran, name war 3. (b) Social Security Number none

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 46 19 46 a.m. 5 A.M. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 9 46 to February 10 46, and that I last saw him alive on February 8 46 19 46.Immediate cause of death Exposure of the body DURATION 2 daysDue to Myocardial Failure in 9 days DURATION several yearsDue to Fracture of 3rd or 4th rib in 9 days DURATION 5 yearsOther conditions Heart paroxysm DURATION 5 years

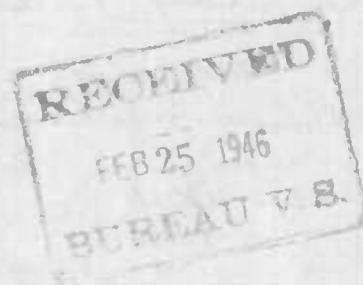
(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Kurt Lederer M.D. M. D. or other Address Queen Anne's Md Date signed 2/13/46



1. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

01856

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE: Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof
(month) (day) (year)

Cemetery or crematory

Church Hill

Location

Church Hill Ind.

18. Funeral director

Edgar L. Lane

Address

Church Hill Ind.

19. Date rec'd by registrar

Feb. 11 1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECLASED:

(For newborn infants, give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 10 1946

21. I CERTIFY that death occurred on the date above stated; that my husband deceased from

Feb. 10 1946 to Feb. 10 1946

and that I last saw him alive on Feb. 10 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Hypertension

DURATION

Due to

Bronchitis

DURATION

Other conditions

Pneumonia

DURATION

(Include pregnancy within 3 months of death)

Major findings or operations

None

Date of op.

Autopsy results

None

Date of

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

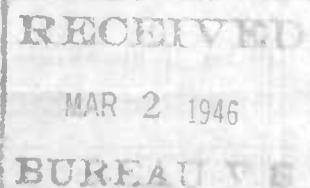
23. SIGNATURE

Edgar L. Lane

M. D. or other

Address

Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01855

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Dulan County
City or town no Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all her life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Jeannette Hande

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Femal

Cloud

single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age

years

March 29- 1932

8. AGE:

Years	Months	Days	If less than one day
13	10	30	hrs. min.

9. Birthplace.....

(Town, county, and state)

Centreville. 24 Co. Md

10. Usual occupation.....

school

11. Industry or business

FATHER

12. Name..... James Hande

13. Birthplace

Centreville Maryland

MOTHER

14. Maiden name Elyzabeth Pritchett

15. Birthplace

Centreville Maryland

16. Informant.....

Elyzabeth Pritchett Hande

Address

Centreville Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar. 2-46

(month) (day) (year)

Cemetery or crematory

Brownsville

Location

Rural Centreville Md

18. Funeral director.....

Taylor Bros

Address

Centreville. Md.

19. 2-28- 46

(Date rec'd by registrar)

Elise Armstrong

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dulan County

City or town Centreville
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

Feb. 28

1946, at 5:30 A.M.

20. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

Burned to death

DURATION

Due to.....
House Caught fire

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

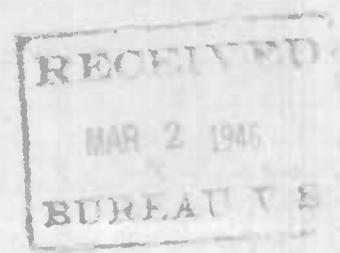
Means of injury.....

Injured at work?

23. SIGNATURE W. Henry FisherAddress Centreville Md

M. D. or other

Date signed 2-28-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

CERTIFICATE OF DEATH

01857

254

Reg. Dist. No. 254

1. PLACE OF DEATH: Queen Anne
 County: Queen Anne
 City or town: Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

3. (a) FULL NAME Margaret C. Lawrence

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife Thomas Lawrence

7. Birth date of deceased (mo., day, yr.) Dec 2 - 1883 6. (c) If alive, give age > years

8. AGE: Years 62 Months 2 Days 0 If less than one day

9. Birthplace Queen Anne Co - Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER 12. Name — Cox
 13. Birthplace —

14. Maiden name Sarah D. Salem

15. Birthplace Queen Anne Co - Md

16. Informant Mrs. Mary M. Chance

Address Burke Date thereof Feb. 4 - 46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethesda

Location Bethesda, Md

18. Funeral director Barton Bros

Address Queen Anne, Md

19. Feb. 4 19. 46 Helen M. Redding
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Queen Anne
 City or town: Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 - 46 19. 46 al. 630 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 19. 45 to Feb 2 19. 46
 and that I last saw her alive on Feb 2 19. 46

Immediate cause of death

Paroxysmal Asthma 2 mos.

Due to

Due to

Other conditions Hypertension 3 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

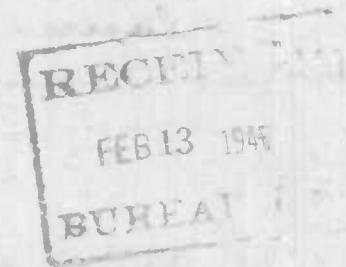
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles E. Snyder M. D. or other

Address Steve's Suburb Date signed 2/3/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

01858

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH

County

Queen Anne's

City or town

Queenstown, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

one year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Vincent Little

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Col.

widowed

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Febr. 12. 1882

8. (c) If alive, give age

years

8. AGE:

63

Years

11

Months

5

Days

11 less than one day

hrs.

min.

9. Birthplace

Grasonville, Md.

(Town, county, and state)

10. Usual occupation

Farm laborer

11. Industry or business

MOTHER FATHER

John A. Little

12. Name

Grasonville, Md.

13. Birthplace

Sarah Marshall

14. Maiden name

Grasonville, Md.

15. Birthplace

Lillie Smith

16. Informant

Queenstown, Md.

Address

17. Burial

Date thereof 2-9-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Robinsons A.M.E. Cemetery

Location

Grasonville, Md.

18. Funeral director

John D. Williams

Address

Easton, Md.

19. Date rec'd by registrar

Feb. 9 1946 Helen M. Bridge

19.

Loc. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Maryland County

City or town

Queenstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Febr. 7

1946, at

5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 1946 to Feb. 5 1946,

and that I last saw him alive on Feb. 5 1946.

Immediate cause of death

coronary occlusion

Due to

endocarditis chronic

mitral insufficiency

aorta insufficiency

Other conditions

Decomposition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

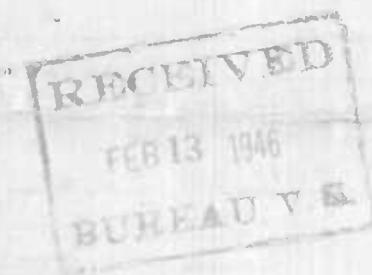
23. SIGNATURE

Theodor Sattelmair M.D.

M. D. or other

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-15

01859

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

11 yrs

Hospital, Institution, or street address where death occurred.....

20

How long in hospital or institution?.....

20

3. (a) FULL NAME

Walter Marvel

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Widowed

8. (b) Name of husband or wife.....

Sarah Hudson Marvel

7. Birth date of deceased (mo., day, yr.)

7/14/1861

8. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

84

3

13

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Del

10. Usual occupation.....

Farmer

11. Industry or business.....

Phelis Marvel

12. Name.....

13. Birthplace.....

Del

14. Maiden name.....

Sallie Ford

15. Birthplace.....

Del

16. Informant.....

Mrs. Sallie Marvel

Address

Fletchersville Del.

17. Burial (Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Odd Fellows Cem.

Location.....

Camden Delaware

18. Funeral director.....

R. B. Rawlings

Address

Greensboro Ind.

19. Date rec'd by registrar

19

(Date rec'd by registrar)

Feb. 21 1946

Edgar L. Lane

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Queen Anne

City or town.....

Seaford

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb 20

1946 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

me

1945

to Feb 20 1946

and that I last saw him alive on

Feb 19

1946

Immediate cause of death.....

Cont. Coughing Delirious

DURATION

Due to.....

Chronic Myocarditis

Due to.....

Onc. Tuberculosis

Other conditions.....

Linen

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

M.D.

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

—

Injured at work?.....

23. SIGNATURE

C. Nuttall

M. D. or other

Address.....

Fletchersville Del.

Date signed 2/20/46



RECEIVED

MAR 2 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01861

CERTIFICATE OF DEATH

Reg. Dist. No.

254

1. PLACE OF DEATH:

County

Anne Arundel

City or town: Rural Centreville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Stanley Wilfred Porter

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 30 - 1904

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

42 1 25

9. Birthplace

Wye Mills 206. Md

(Town, county, and state)

10. Usual occupation

farm laborer

11. Industry or business

FATHER

William J. Porter

12. Name

MOTHER

13. Birthplace

14. Maiden name

Daisy L. Abrams

15. Birthplace

Kent Co. Md

16. Informant

Mary E. Hammond

Address

P.T.O. #3 Centreville, Md

17. Burial

(Burial, cremation, or removal, which?)

Date thereof: Feb 26 - 46

(month) (day) (year)

Cemetery or crematory

Chesterfield

Location

Centreville, Maryland

18. Funeral director

Barton Bros

Address

Centreville, Maryland

19. (Date rec'd by registrar)

Feb 26 1946 Helen M. Aldridge

Loc. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County

Anne Arundel

City or town: Rural Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

WW

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

2 - 24

1946

at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 - 10

1946

to 2 - 24

1946

and that I last saw him alive on 2 - 21 1946

Immediate cause of death

Valveless coronary

Due to the heart

Acute nephritis

Duration: six weeks, cur.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Helen M. Aldridge

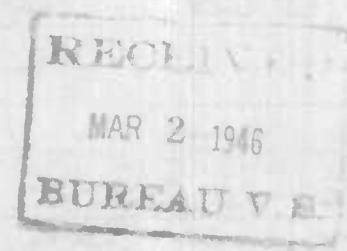
M. D. or other

Address: 2125-146 Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. It is especially important.

1 MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01862

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County..... Queen Anne's
City or town..... Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.... all her life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Emory Crouse Powell

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... Bertha Pearl Foster

7. Birth date of deceased (mo., day, yr.)..... August 28 - 1887 6. (c) If alive, give age..... 48 years

8. AGE: Years..... 58 Months..... 5 Days..... 22 If less than one day.....

9. Birthplace..... Queen Anne's Co. Md. (Town, county, and state)

10. Usual occupation..... Diesel Engine Operator

11. Industry or business..... Electric Plant

12. Name..... Nathan Powell

13. Birthplace..... Delaware

14. Maiden name..... Lillie May Bennett

15. Birthplace..... Delaware

16. Informant..... Bertha Foster Powell

Address..... Centreville Md.

17. Burial..... Date thereof..... Feb 22 - 46 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Chesapeake

Location..... Centreville, Maryland

18. Funeral director..... Barton Bros.

Address..... Centreville, Md.

19. 2-21-46 Date rec'd by registrar.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Queen Anne's

City or town..... Centreville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (c) If veteran, name war.....

3. (b) Social Security Number

217-05-6059

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 20 1946 at 7:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw h..... alive on.....

Immediate cause of death..... She was dead

when I arrived - but from

facts & history is was a

Heart attack

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results..... Date of op.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

18. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

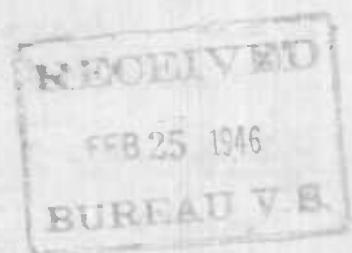
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W. Harry Fisher M. D. or other

Address..... Centreville Md. Date signed..... 2/20/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180

01863

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne's
City or town in Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Andrew Pritchett4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mary Bond Pritchett7. Birth date of deceased (mo., day, yr.) Oct. 27 - 1894 6. (c) If alive, give age 51 years8. AGE: Years 51 Months 4 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Queen Anne's (town, county, and state)10. Usual occupation Labored11. Industry or business Construction Work12. Name Edward Pritchett13. Birthplace Hope Is. Md.14. Maiden name Makelia Morris15. Birthplace Do not know16. Informant Lucy Belle PritchettAddress Centreville Maryland17. Burial Burial Date thereof Mar. 7 - 46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BrownsvilleLocation Rural Centreville. Md18. Funeral director Barton TiersAddress Centreville. Md19. 2-28-46 1946 Elie Armstrong
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Centreville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war no

3. (b) Social Security Number

218-20-5657

MEDICAL CERTIFICATION

Feb. 281946 at 5³⁰ A.M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on

Immediate cause of death

Proned to death

Due to

Due to House Conflagration

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

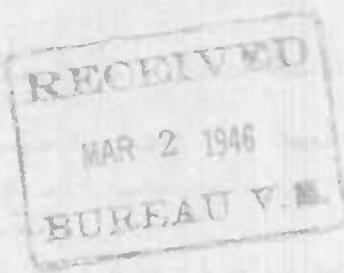
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Harvey Fisher
Death Cert. Ex. 240
M. D. or other
Address Centreville Md Date signed 2/28/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01864

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: Green AnneCounty: Green AnneCity or town: Greenstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? _____

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME Thomas Robert Seward4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Thomas Seward7. Birth date of deceased (mo., day, yr.) Sept. 13 - 1886

6. (c) If alive, give age _____ years

8. AGE: Years 59 Months 5 Days 2 If less than one day _____

hrs. _____ min. _____

9. Birthplace Green Anne Co. Md.

(Town, county and state)

10. Usual occupation Store-keeper11. Industry or business Robert Seward12. Name Robert Seward13. Birthplace Unknown

14. Maiden name _____

15. Birthplace _____

16. Informant Mrs. Skaggs (Jerry)Address Greenstown Md.17. Burial Date thereof Feb. 17 - 1946(Burial, cremation, or removal. Which?) Date (month) (day) (year)Cemetery or crematory Church HillLocation Church Hill Md.18. Funeral director Edgar D. LaneAddress Church Hill Md.19. Date rec'd by registrar Feb. 17 - 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Green AnneCity or town Green Anne (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number 220-12-1018-

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1946 at 6 a.m.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 15 1946 to Feb 15 1946 and that I last saw h. alive on Feb 1946

Immediate cause of death _____

DURATION _____

Chronic Intestinal Inflammation

Due to _____

Due to _____

Chronic Myocarditis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

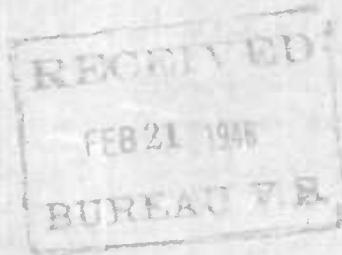
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Harry Fisher

M. D. or other _____

Address Centerville Md. Date signed 2/17/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

01865

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County

City or town

Queen Anne
Rural Centreville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sarah C. Stansbury

4. Sex

Fem. Dol. Married

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Chas. B. Stansbury

7. Birth date of deceased (mo., day, yr.)

Nov. 17-1882

6. (c) If alive, give age 63 years

8. AGE:

Years Months Days If less than one day
63 3 3 hrs. min.

9. Birthplace

Queen Anne Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Edward O. Saunders

12. Name

Maryland

13. Birthplace

Rebecca Foster

14. Maiden name

Baltimore Md.

15. Birthplace

Chas. Stansbury

16. Informant

R. F. D.

Address

Centreville

17. Burial

Date thereof Jan. 24-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rossville Cemetery

Location

Rossville Md.

18. Funeral director

Edgar L. Lane

Address

Church Hill Md.

19. Date rec'd by registrar

1946

Edgar L. Lane

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Queen Anne

City or town

Rural Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 20 1946 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 26 1944 to Feb 20 1946

and that I last saw h. a. alive on Feb 17 1946

Immediate cause of death

Cerebral embolism of uterus
with multiple great
hemorrhages

Due to

Plaster, Rosalie wall
liver

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Per uterous Scars
all types

Date of op. May 13 1944

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

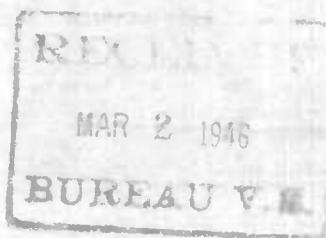
Injured at work?

23. SIGNATURE

C. R. Layton md

M. D. or other

Centreville Rd. Date signed 2-22-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

01866

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne
City or town Chester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Henry Stinson4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feby. 9-1845 6. (c) If alive, give age years8. AGE: Years 1 Months 0 Days 7 If less than one day hrs. 00 min. 009. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Edward Leonard Stinson
13. Birthplace Hanover, VirginiaMOTHER 14. Maiden name Anna Thompson
15. Birthplace Boston, Maryland16. Informant Edward Leonard Stinson
Address 922 Newington Ave., Baltimore, Md.17. Burial Cemetery or crematory Chestertown
(Burial, cremation, or removal W/which?) Date thereof Feby 18-46
(month) (day) (year)Location Centreville, Maryland18. Funeral director Bailey Bros
Address Centreville, Md.19. Feby 17-46 Date rec'd by registrar J. C. Thomas
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 922 Newington Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 16 1946 at 6:15 M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feby 16 1946 to Feby 16 1946 and that I last saw him alive on Feby 16 1946.

Immediate cause of death

Pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

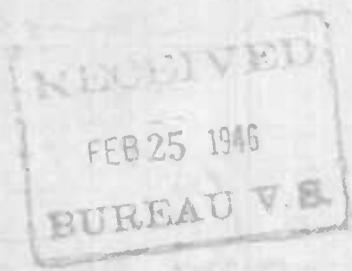
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. C. Stinson M. D. or otherAddress Never used Date signed 7/17/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2d

01867

CERTIFICATE OF DEATH

Reg. Dist. No. 257

1. PLACE OF DEATH:

County *Queen Anne*
 City or town *Centerville*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

David W. Taylor

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male *White* *Married*

6.(b) Name of husband or wife *John W. Taylor*

7. Birth date of deceased (mo., day, yr.) *May 29 - 1866*

6.(c) If alive, give age

72 years

8. AGE: Years *79* Months *6* Days *27* If less than one day

hrs. *0* min. *0*

9. Birthplace *Caroline Co. Md.*
(Town, county, and state)

10. Usual occupation *Farmer*11. Industry or business *Farmer*

FATHER 12. Name *Geo W. Taylor*

MOTHER 13. Birthplace *Col.*

14. Maiden name *Margaret a Long*

15. Birthplace *Caroline Co. Md.*

16. Informant *Wm. W. Taylor*

Address *Centerville Md*

17. Burial *Burial* Date thereof *Mar 1 - 46*

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory *Centerville*

Location *Centerville Md*

18. Funeral director *Eliza Pennington*

Address *Church Hill Md*

19. *2 - 28 - 1946* (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md* County *Queen Anne*

City or town *Centerville* (If outside city or town limits, write RURAL and give nearest town)

Street No. *10* (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 26 - 1946 at *4:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 19 - 1945 to *Feb. 26 - 1946*

and that I last saw him alive on *Feb. 25 - 1946*

Immediate cause of death

Stroke

Stroke of the heart

Due to *Stroke*

Due to *Stroke*

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op. *1946*

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *1946*

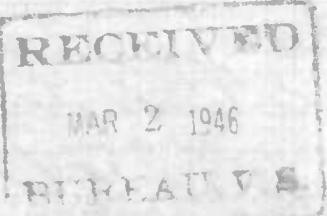
Where did injury occur? *Centerville* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury *Automobile* Injured at work? *No*

23. SIGNATURE

H. S. Matheson M. D. or other *Physician* Date signed *2/28/46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

CERTIFICATE OF DEATH

Reg. Dist. No. 53

01868

1. PLACE OF DEATH:

County: Chester

City or town: Chester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Florence Taylor

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Widowed

6. (b) Name of husband or wife: Ernest Taylor

7. Birth date of deceased (mo., day, yr.): 1916/09.

8. AGE: Years: 76 | Months: 2 | Days: 25 | If less than one day

hrs: 00 | min: 00

9. Birthplace: Chester Co. Md.

10. Usual occupation: Stew.

11. Industry or business: Proprietary Marville

12. Name: Mrs. Leon Taylor

13. Birthplace: Md.

14. Maiden name: Mary

15. Birthplace: (?)

16. Informant: Mrs. Leon Taylor

Address: Chester Md.

17. Burial: Stevensville Date thereof: Feb 23 46

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory: Stevensville

Location: Stevensville and

Eggs I Lane

18. Funeral director: C. H. H. & Son

Address: Church Hill Rd.

19. Date rec'd by registrar: Feb 25 1946

(Date rec'd by registrar) M. D. or other

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Chester

City or town: Chester

(If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2. (a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1946 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 21 1946 to July 21 1946

and that I last saw her alive on July 21 1946

Immediate cause of death: Cardiac Arteritis

Due to: Arteriosclerosis

Due to: Nephritis

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Char E. Hyde

M. D. or other

Address: Stevensville Md. Date signed: Feb 23 1946



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164-6

01869

Reg. Dist. No.

252

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Queen Anne's
City or town Centreville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Masters

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Josephine Russell Masters

45

7. Birth date of deceased (mo., day, yr.)

Sept 24 - 1897

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

if less than one day

hrs. min.

9. Birthplace

Leviestown, Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

Farm laborer

11. Industry or business

Gardner Masters

12. Name

Talbot Co. Md.

13. Birthplace

?

14. Maiden name

Harriett Harris

15. Birthplace

Caroline Co. Md.

16. Informant

Clarence Masters

Address

Cordova Maryland

17. Burial

Funeral Date thereof Mar 13 - 46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Maryland

18. Funeral director

Carl W. Johnson

Address

Easton, Md.

19. Date rec'd by registrar

Mar 13 - 1946

(Date rec'd by registrar)

Elsie Armstrong
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Queen Anne'sCity or town Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, check LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 1 -1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on

19.

Immediate cause of death

Drowning -

Due to

Due to

Other conditions He was found underwater
3/12-46 - missing since Feb 1-1946
(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Harvey Fisher
Deputy Medical Examiner M.D. or other
Address Centreville, Md. Date signed 3/12-46

RECEIVED

MAR 19 1946

BUREAU OF INVESTIGATION